

MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = *Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

MEDICAID DME AND SUPPLIES LISTING						
Bed Pans, Urinals, Incontinence, Catheters and Irrigation Equipment and Supplies						
UCC = Usual and Customary Charge IC = Individual Consideration						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
Bed Pans and Urinals						
	E0275	Bed Pan, Standard Metal Or Plastic	Each	N	\$11.98	1/12 Months
	E0275 RR	Bed Pan, Standard Metal Or Plastic	Day	N	\$0.04	3/Months
	E0276	Bed Pan Fracture Metal Or Plastic	Each	N	\$9.99	1/12 Months
	E0276 RR	Bed Pan Fracture Metal Or Plastic	Day	N	\$0.30	3/Months
	E0325	Urinal, Male, Jug-Type, any material	Each	N	\$7.74	1/12 Months
	E0325 RR	Urinal, Male, Jug-Type, any material	Day	N	\$0.03	3/Months
	E0326	Urinal, Female, Jug-Type any material	Each	N	\$8.29	1/12 Months
	E0326 RR	Urinal, Female, Jug-Type any material	Day	N	\$0.03	3/Months
Incontinence/Catheter Supplies						
	A4310	Insertion tray without drainage bag and without catheter (accessories only)	Each	N	\$7.74	2/Month
	A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Each	N	\$12.63	2/Month
	A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	Each	N	\$15.36	2/Month
	A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Each	N	\$15.78	2/Month
	A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.)	Each	N	\$21.54	1/Month
	A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	Each	N	\$22.46	1/Month
	A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Each	N	\$24.18	1/Month
A4324 A4325 A4347	A4349	Male external catheter, with or without adhesive, disposable, each	Each	N	\$2.03	60/Month
	A4326	Male external catheter with integral collection chamber, any type, each	Each	N	\$10.81	10/Month
	A4327	Female external urinary collection device, metal cup, each	Each	N	\$42.35	4/Month
	A4328	Female external urinary collection device, Pouch, each	Each	N	\$9.88	31/Month
	A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	Each	N	\$3.19	2/Month
	A4332	Lubricant, individual sterile packet, each	Each	N	\$0.12	180/Month
	A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Each	N	\$2.21	15/Month
	A4334	Urinary catheter anchoring device, leg strap, each	Each	N	\$4.93	1/Month

